

<b>ORDER FOR SUPPLIES OR SERVICES</b> <i>(Contractor must submit four copies of invoice.)</i>						<i>Form Approved</i> <i>OMB No. 0704-0187</i> <i>Expires Jun 30, 1997</i>		PAGE 1 OF <b>2</b>					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>													
1. CONTRACT/PURCH ORDER NO. <b>SP0900-01-D-9711</b>			2. DELIVERY ORDER NO. <b>1271</b>		3. DATE OF ORDER (YYMMDD) <b>2004 NOV 10</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPE04315000470</b>		5. PRIORITY				
6. ISSUED BY <b>DEFENSE SUPPLY CENTER COLUMBUS</b> <b>P.O. Box 3990</b> <b>Columbus, OH 43218-3990</b>				CODE <b>SP0900</b>		7. ADMINISTERED BY (If other than 6) <b>S0302A DCMA PHOENIX</b> <b>TWO RENAISSANCE SQUARE</b> <b>40 N. CENTRAL AVE., SUITE 400</b> <b>PHOENIX AZ 85004-4400</b>			CODE <b>S0302A</b>				
9. CONTRACTOR <b>HONEYWELL INTERNATIONAL INC</b> <b>DBA DEFENSE &amp; SPACE</b> <b>1300 W. WARNER ROAD MAIL STOP 1207-2</b> <b>TEMPE AZ 85285-2896</b>				CODE <b>02LU7</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
NAME AND ADDRESS				12. DISCOUNT TERMS <b>I/A/W/ BASIC CONTRACT</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		13. MAIL INVOICES TO <b>SEE BLOCK 15</b>					
14. SHIP TO <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE</b> <b>SEE FOLLOWING PAGE</b> <b>SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>				CODE		15. PAYMENT WILL BE MADE BY <b>DFAS - COLUMBUS CENTER</b> <b>ATTN DFAS BVDPC/CC</b> <b>3990 E BROAD ST PO BOX 182317</b> <b>FAS CUSTOMER SERVICE 1-800-756-4571</b> <b>COLUMBUS, OH 43218-3990</b>			CODE <b>S33184</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>													
This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.													
Reference your _____ and furnish the following on terms specified herein.													
<b>ACCEPTANCE.</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CE0 001 26.0 S33150</b>													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT		
		<b>Remarks:</b> <b>Terms and conditions are in accordance with Basic Contract.</b>  <b>Vendor's copy was sent EDI.</b> <b>Do not duplicate shipment.</b>											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA BY: <b>POPS Auto Award</b>			25. TOTAL <b>\$ 19396.44</b>				
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____						27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE		30. INITIALS	
31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER		35. BILL OF LADING NO.	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____						37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS	
						41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.					

## CONTINUATION SHEET

Order Number:

SP0900-01-D-9711 1271

PAGE OF PAGES

2

2

## SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code 504

6146923544 Post Award Administrator JOHN KALWIENER

P/N 6423407-1 Manufacturer's CAGE - 64547

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7201	PR YPE04315000470	179	EA	108.36	19396.44
	NSN 5950-01-437-3363				

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: ORIG

ACCEPTANCE POINT: ORIG

DELIVERY FOB: ORIGIN BY: 2005 JUL 08

## PARCEL POST ADDRESS:

## FREIGHT ADDRESS:

SW3120

DEF DIST DEPOT ANNISTON

TRANS OFFICER 256-235-6031

7 FRANKFORD AVE BLDG 362

ANNISTON, AL 36201-4199

M/F: (TCN) STOCK BUY RQMT

RDD: 07-JAN-05 PROJ:

END OF AWARD